

| POSITION            | INITIALS | ID NO.    | DATE    |
|---------------------|----------|-----------|---------|
| FEE DETERMINATION   | GD       | 249 67094 | 8/1/99  |
| O.I.P.E. CLASSIFIER |          | 8         | 8-5-99  |
| FORMALITY REVIEW    |          | 64117     | 8-11-99 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 +- ..... Restricted      O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original |         |
| 1        | 8/25/99 |
| 2        | ✓       |
| 3        | ✓       |
| 4        | ✓       |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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